Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
"""Representing Self, Without an Attorney
(If Attorney) State Bar Number: _____
Attorney E-Mail Address: _____

SUPERIOR COURT OF ARIZONA, COUNTY OF

_____   Case No. _____

Petitioner

                                                ATLAS No. _____

_____   **ORDER OF ASSIGNMENT**
                                                A.R.S. § 25-504
Respondent

TO: Current and future employers or other payors of:

Name: _____   Social Security Number: _____

You shall withhold court-ordered **monthly** payments as follows:

Current Child Support	$ _____
Current Spousal Maintenance	$ _____
Payments on Child Support Arrearages/Interest	$ _____
Payments on Spousal Maintenance Arrearages/Interest	$ _____
Clearinghouse Handling Fee	$ _____
Total Amount Per Month	**$ _____**

No more than 50% of the employee's disposable earnings (A.R.S. § 33-1131) may be taken to satisfy an order issued for support or spousal maintenance. The $5.00 handling fee is subject to statutory change pursuant to A.R.S. § 25-510.

This Order of Assignment modifies any previously dated orders of assignment with the same case number as listed above.

This Order of Assignment is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further order, or until a period of 90 continuous days from the last payment to the obligor (person ordered to make support payments). If you are again obligated to pay monies to the obligor within 90 days, you are again bound by this Order of Assignment. Payment must be sent to the Clearinghouse within 2 business days after the obligor is paid.

This Order of Assignment terminates on the last day of _____ unless it includes an arrearage payment, in which case, the total amount listed above shall continue to be withheld until further order.

YOU SHALL NOT DISCHARGE OR OTHERWISE DISCIPLINE THE PERSON NAMED IN THIS ASSIGNMENT BECAUSE OF SERVICE OF THIS ORDER OF ASSIGNMENT.

All payments shall be sent to:
Support Payment Clearinghouse
P.O. Box 52107
Phoenix, Arizona 85072-2107

THE ATLAS NUMBER AND THE EMPLOYEE'S NAME MUST APPEAR ON THE TRANSMITTAL PAYMENT FORM OR CHECK.

Dated: _____   _____
                                                Judicial Officer or Clerk of the Superior Court